



WASHINGTON STATE
EMERGENCY MANAGEMENT DIVISION
TRAINING APPLICATION
for
In-State - DOJ Classes

Fax completed application to:

Contact Name: **Walt Olsen** Fax #: **(360) 586-0386** Phone #: **(360) 664-3299, x 235**

Name:	Position in Organization:
Name & Address of Organization Represented:	Work Phone:
	Work Fax:
	Work Email:
Mailing Address:	Home Phone:
	Home Fax:
	Home Email:
Social Security Number:	Male: Female:
<small>(Voluntary: used in training reporting system)</small>	

Course Name and Number:

Public Works Planning and Responding to WMD Incidents (24 hour)

Course Date:

February 10 - 12, 2003 **Bremerton, WA**

Courses taken to meet prerequisite, including dates and locations:

I plan to commute each day: Yes No

Do you have any disabilities which require special consideration? If yes, please explain: Yes No

Signature of Participant:	Signature of Local Emergency Management Director/Designee:
Date:	Date:

For Official Use Only

Approved:	Waiting List:	Prerequisite Met:	Withdraw:	No Show:
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